



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
ADA DISCRIMINATION COMPLAINT FORM**

Complainant: _____ **Date:** _____

Address: _____

City, State and Zip Code: _____

Telephone: _____

Person discriminated against (if other than the complainant) (including department/division if applicable): _____

Division/Individual which you believe has discriminated: _____

Nature of discrimination: _____

When did the discrimination occur? Date: _____

Detailed description of the discriminatory practice or action which occurred:

Do you require a reasonable accommodation in order to more effectively communicate your complaint?

Signature: _____

Please submit this form to the Department ADA Coordinator, McKenzie Hannan at:

McKenzie Hannan
(406) 444-2828
mhannan2@mt.gov